

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/586825

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3							
4		4					
5							
6		1					
7		1					
8		1					
9	1						
10	1						
11		1					
12		1					
13	4						
14	2						
15	2						
16	2						
17							
18							
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48							
49							
50							
TOTAL IND.	2						
TOTAL DEP.	26	←	←	←	←	←	←
TOTAL CLAIMS	28						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
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99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							